

Case Number:	CM15-0083848		
Date Assigned:	05/06/2015	Date of Injury:	12/16/2002
Decision Date:	06/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old, male who sustained a work related injury on 12/16/02. He suffered a gunshot wound to left arm and fell to ground hitting head. The diagnoses have included posttraumatic neuropathic pain left arm, multiple fractures and traumatic brain injury with posttraumatic stress symptoms. The treatments have included oral medications and Lidoderm patches. In the PR-2 dated 3/27/15, the injured worker complains of persistent neuropathic pain in left arm. He has incapacitating exacerbation of pain in left arm with severe allodynia. Upon examination, he has marked atrophy of left arm and allodynia anywhere in the antecubital fossa and forearm. The treatment plan is to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien CR 12.5mg oral tab extended release #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) with 5 refills is not medically necessary.

MS Contin 15mg/12 hr PO QID extended release #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Opioids such as MSContin are not 1st line for mechanical or compressive etiologies. In this case, the claimant had been on MSContin for several months and as noted in 12/201, the claimant had 24/7 pain while taking MSContin with hydrocodone. In addition, pain scores were not routinely documented. Due to chronic use for an injury that is 13 yrs old, medications such as opioids can lead to tolerance and addiction. Continued and long-term use of MSContin is not medically necessary.

Lyrica 200mg Oal cap oral TID #90 with 4 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics for several months. The continued use of Lyrica is not medically necessary.